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## APPLICANTS

David P. Gallo SR., New Hartford, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/390,087 09/03/1999 PAT 6,419,675

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Now, P.R.

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/11/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Allowance <i>R. Gallo</i> Examiner's Signature Initials	NY	10	11	3

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## TITLE

Electrosurgical coagulating and cutting instrument

FILING FEE  RECEIVED 826	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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